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DATE: February 21, 2006

TO: Examiner Jeffrey A. Smith
TC Art Unit: 3625

Fax No.: (571) 273 8300

FROM: Thomas O. Hoover

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(including this page): 14

Our File: BIH-001AX

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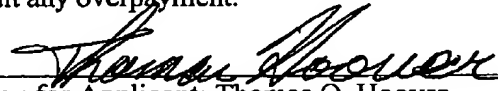
Application No. 09/307,195

Filed Date: May 7, 1999

Confirmation No.: 4520

A confirmation copy of this transmission will not be mailed unless the following is checked: ☐
MESSAGEPLEASE DELIVER DIRECTLY TO:
EXAMINER Jeffrey A. Smith, Tel. 703-308-3588
TC ART UNIT NO: 3625**FOR ENTRY**Enclosed for filing please find a:
RCE/Amendment Transmittal and an Amendment.

The Commissioner is hereby authorized to Charge Deposit Account No. 23-0804 for any additional filing fees associated with this communication or credit any overpayment.


Attorney for Applicant: Thomas O. Hoover
Registration No. 32,470

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326748.1

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Application No.: 09/307,195
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WEINGARTEN, SCHURGIN, GAGNEBIN & LEOVICI LLP
 Ten Post Office Square
 Boston, Massachusetts 02109
 Telephone: (617) 542-2290
 Telecopier: (617) 451-0313

Date: February 21, 2006

Via Facsimile

COMMISSIONER FOR PATENTS

P.O. Box 1450

Alexandria, VA 22313-1450

Attorney

Docket No.: BIH-001AX

Sir:

In re application of: William Cohn

Entitled: SURGICAL RETRACTOR

Transmitted herewith is an **amendment** in the above-identified application. The following checked items are applicable:

- ☒ This is a Request for Continued Examination under §1.114; authorization is provided herewith to charge Deposit Account No. 23-0804 for the cost of same (\$790.00) per §1.17(e).
☐ Enter the unentered amendment previously filed on _____ per §1.116.
- ☒ A Petition for Extension of Time for 3 month is hereby made under §1.136(a); authorization is provided herewith to charge Deposit Account No. 23-0804 for the cost of same (\$1,020.00) per §1.17.
- ☐ In the event a Petition for Extension of Time is required by this paper and not otherwise provided, such Petition is hereby made and authorization is provided herewith to charge Deposit Account No. 23-0804 for the cost of such extension.
- ☐ Other:

CLAIMS AFTER AMENDMENT:	MINUS PRIOR PAID CLAIMS:	EQUALS PRESENT EXTRA CLAIMS:	RATE:	ADDITIONAL FEE:
Independent	5 - 5	= 0	x \$200.00 =	0.00
Total	50 - 50	= 0	x \$ 50.00 =	0.00
<input type="checkbox"/> Multiple Dependent Claims (1st presentation)			+ \$360.00 =	0.00
SUBTOTAL ADDITIONAL FEE				0.00
Small Entity filing, divide by 2. Small Entity status must be asserted.				
TOTAL ADDITIONAL FEE				0.00


☒ No additional fee. ☐ The fee has been calculated above; authorization is provided herewith to charge Deposit Account No. 23-0804 (\$0) for the cost of same.

☒ The Commissioner is hereby authorized to charge payment of any additional filing fees under §1.16 associated with this communication or credit any overpayment to Deposit Account No. 23-0804.

I hereby certify that this correspondence is being sent via facsimile to Examiner Smith, TC Art Unit 3625, Fax No. 571-273-8300, on February 21, 2006

02/23/2006 HNGUYEN1 00000078 23-0804 09307195

01 FC:1801 790.00 DA
 02 FC:1353 1020.00 DA
 10Hrb
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 Attorney of Record: Thomas O. Hoover
 Registration No.: 32,470